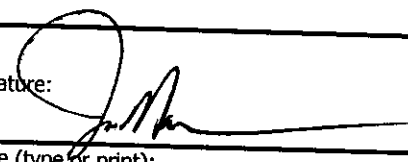


No. W 104181	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) JOHN M MARSH 1295 S DAWCAMRY LANE KUNA ID 83634
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GOT DOG FOOD, LLC JOHN M. MARSH 1295 S DAWCAMRY LANE KUNA ID 83634		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> John MARSH 1295 S. Dawcamry Lane Kuna Id 83634			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Rochelle Marsh 1295 S. Dawcamry Lane Kuna, Id 83634			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 104181 </div>		6. Signature:  <hr/> Name (type or print): <u>John MARSH</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>10/20/13</u> <hr/> Title: _____ </div> </div>	
Issued 09/25/2013 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM